Senate

General Assembly

File No. 584

January Session, 2013

Substitute Senate Bill No. 1135

Senate, April 22, 2013

The Committee on Public Health reported through SEN. GERRATANA of the 6th Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING NUCLEAR MEDICINE TECHNOLOGISTS, QUALIFICATIONS FOR PODIATRISTS, THE PROVISION OF ELECTIVE CORONARY ANGIOPLASTY SERVICES BY HOSPITALS, AND COLON HYDROTHERAPISTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (*Effective from passage*) Not later than January 1, 2014, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health concerning the licensing of nuclear medicine technologists.

Sec. 2. Section 20-54 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) No person other than those described in section 20-57 and those to whom a license has been reissued as provided by section 20-59 shall engage in the practice of podiatry in this state until such person has presented to the department satisfactory evidence that such person has

received a diploma or other certificate of graduation from an accredited school or college of chiropody or podiatry approved by the Board of Examiners in Podiatry with the consent of the Commissioner of Public Health, nor shall any person so practice until such person has obtained a license from the Department of Public Health after meeting the requirements of this chapter. A graduate of an approved school of chiropody or podiatry subsequent to July 1, 1947, shall present satisfactory evidence that he or she has been a resident student through not less than four graded courses of not less than thirty-two weeks each in such approved school and has received the degree of D.S.C., Doctor of Surgical Chiropody, or Pod. D., Doctor of Podiatry, or other equivalent degree; and, if a graduate of an approved chiropody or podiatry school subsequent to July 1, 1951, that he or she has completed, before beginning the study of podiatry, a course of study of an academic year of not less than thirty-two weeks' duration in a college or scientific school approved by said board with the consent of the Commissioner of Public Health, which course included the study of chemistry and physics or biology; and if a graduate of an approved college of podiatry or podiatric medicine subsequent to July 1, 1971, that he or she has completed a course of study of two such prepodiatry college years, including the study of chemistry, physics or mathematics and biology, and that he or she received the degree of D.P.M., Doctor of Podiatric Medicine. No provision of this section shall be construed to prevent graduates of a podiatric college, approved by the Board of Examiners in Podiatry with the consent of the Commissioner of Public Health, from receiving practical training in podiatry in a residency program in an accredited hospital facility which program is accredited by the Council on Podiatric Education.

(b) A licensed podiatrist who is board qualified or certified by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine may engage in the medical and nonsurgical treatment of the ankle and the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental thereto, and the nonsurgical treatment of manifestations of systemic diseases as they appear on the ankle. Such

licensed podiatrist shall restrict treatment of displaced ankle fractures to the initial diagnosis and the initial attempt at closed reduction at the time of presentation and shall not treat tibial pilon fractures. For purposes of this section, "ankle" means the distal metaphysis and epiphysis of the tibia and fibula, the articular cartilage of the distal tibia and distal fibula, the ligaments that connect the distal metaphysis and epiphysis of the tibia and fibula and the talus, and the portions of skin, subcutaneous tissue, fascia, muscles, tendons and nerves at or below the level of the myotendinous junction of the triceps surae.

(c) No licensed podiatrist may independently engage in the surgical treatment of the ankle, including the surgical treatment of the anatomical structures of the ankle, as well as the administration and prescription of drugs incidental thereto, and the surgical treatment of manifestations of systemic diseases as they appear on the ankle, until such licensed podiatrist has obtained a permit from the Department of Public Health after meeting the requirements set forth in subsection (d) or (e) of this section, as appropriate. No licensed podiatrist who applies for a permit to independently engage in the surgical treatment of the ankle shall be issued such permit unless (1) the commissioner is satisfied that the applicant is in compliance with all requirements set forth in subsection (d) or (e) of this section, as appropriate, and (2) the application includes payment of a fee in the amount of one hundred dollars. For purposes of this section, "surgical treatment of the ankle" does not include the performance of total ankle replacements or the treatment of tibial pilon fractures.

(d) The Department of Public Health may issue a permit to independently engage in standard ankle surgery procedures to any licensed podiatrist who: (1) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, and (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization; (2) (A) graduated on or after June 1, 2006,

from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, (B) is board qualified, but not board certified, in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures; or (3) (A) graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two years in length and was accredited by the Council on Podiatric Medical Education at the time of graduation, (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in standard or advanced midfoot, rearfoot and ankle procedures. **[**; except that a licensed podiatrist who meets the qualifications of subdivision (2) of this subsection may not perform tibial and fibular osteotomies until such licensed podiatrist holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Medicine, or its successor organization. For purposes of this subsection, "standard ankle surgery procedures" includes soft tissue and osseous procedures.**]**

(e) The Department of Public Health may issue a permit to independently engage in advanced ankle surgery procedures to any licensed podiatrist who has obtained a permit under subsection (d) of this section, or who meets the qualifications necessary to obtain a permit under said subsection (d), provided such licensed podiatrist: (1) (A) Graduated on or after June 1, 2006, from a three-year residency program in podiatric medicine and surgery that was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, (B) holds and maintains current board **[**certification**]** qualification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization,

and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in advanced midfoot, rearfoot and ankle procedures; or (2) (A) graduated before June 1, 2006, from a residency program in podiatric medicine and surgery that was at least two years in duration and was accredited by the Council on Podiatric Medical Education at the time of graduation, (B) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, and (C) provides documentation satisfactory to the department that such licensed podiatrist has completed acceptable training and experience in advanced midfoot, rearfoot and ankle procedures. For purposes of this subsection, "advanced ankle surgery procedures" includes ankle fracture fixation, ankle fusion, ankle arthroscopy, insertion or removal of external fixation pins into or from the tibial diaphysis at or below the level of the myotendinous junction of the triceps surae, and insertion and removal of retrograde tibiotalocalcaneal intramedullary rods and locking screws up to the level of the myotendinous junction of the triceps surae, but does not include the surgical treatment of complications within the tibial diaphysis related to the use of such external fixation pins.

(f) A licensed podiatrist who (1) graduated from a residency program in podiatric medicine and surgery that was at least two years in duration and was accredited by the Council on Podiatric Medical Education, or its successor organization, at the time of graduation, and (2) (A) holds and maintains current board certification in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, (B) is board qualified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, or its successor organization, or (C) is board certified in foot and ankle surgery by the American Board of Podiatric Surgery, or its successor organization, may engage in the surgical treatment of the ankle, including standard and advanced ankle surgery procedures, without a permit issued by the department in accordance with subsection (d) or (e) of this section, provided such licensed

podiatrist is performing such procedures under the direct supervision of a physician or surgeon licensed under chapter 370 who maintains hospital privileges to perform such procedures or under the direct supervision of a licensed podiatrist who has been issued a permit under the provisions of subsection (d) or (e) of this section, as appropriate, to independently engage in standard or advanced ankle surgery procedures.

(g) The Commissioner of Public Health shall appoint an advisory committee to assist and advise the commissioner in evaluating applicants' training and experience in midfoot, rearfoot and ankle procedures for purposes of determining whether such applicants should be permitted to independently engage in standard or advanced ankle surgery procedures pursuant to subsection (d) or (e) of this section. The advisory committee shall consist of four members, two of whom shall be podiatrists recommended by the Connecticut Podiatric Medical Association and two of whom shall be orthopedic surgeons recommended by the Connecticut Orthopedic Society.

(h) The Commissioner of Public Health shall adopt regulations, in accordance with chapter 54, to implement the provisions of subsections (c) to (f), inclusive, of this section. Such regulations shall include, but not be limited to, the number and types of procedures required for an applicant's training or experience to be deemed acceptable for purposes of issuing a permit under subsection (d) or (e) of this section. In identifying the required number and types of procedures, the commissioner shall seek the advice and assistance of the advisory committee appointed under subsection (g) of this section and shall consider nationally recognized standards for accredited residency programs in podiatric medicine and surgery for midfoot, rearfoot and ankle procedures. The commissioner may issue permits pursuant to subsections (c) to (e), inclusive, of this section prior to the effective date of any regulations adopted pursuant to this section.

(i) The Department of Public Health's issuance of a permit to a licensed podiatrist to independently engage in the surgical treatment

of the ankle shall not be construed to obligate a hospital or outpatient surgical facility to grant such licensed podiatrist privileges to perform such procedures at the hospital or outpatient surgical facility.

Sec. 3. (NEW) (*Effective October 1, 2013*) Notwithstanding any provision of chapter 368z of the general statutes, regulations adopted pursuant to said chapter 368z or any order of the Office of Health Care Access, any hospital, as defined in section 19a-631 of the general statutes, that has obtained a certificate of need from the Office of Health Care Access permitting such hospital to provide coronary angioplasty services in an emergency situation and that performs coronary angioplasty on a patient in such situation, may also perform elective coronary angioplasty on such patient if such patient's health care provider reasonably believes that such patient will require nonemergency coronary angioplasty in the near future.

Sec. 4. Section 19a-639 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2013*):

(a) In any deliberations involving a certificate of need application filed pursuant to section 19a-638, the office shall take into consideration and make written findings concerning each of the following guidelines and principles:

(1) Whether the proposed project is consistent with any applicable policies and standards adopted in regulations by the Department of Public Health;

(2) The relationship of the proposed project to the state-wide health care facilities and services plan;

(3) Whether there is a clear public need for the health care facility or services proposed by the applicant;

(4) Whether the applicant has satisfactorily demonstrated how the proposal will impact the financial strength of the health care system in the state or that the proposal is financially feasible for the applicant;

(5) Whether the applicant has satisfactorily demonstrated how the proposal will improve quality, accessibility and cost effectiveness of health care delivery in the region;

(6) The applicant's past and proposed provision of health care services to relevant patient populations and payer mix;

(7) Whether the applicant has satisfactorily identified the population to be served by the proposed project and satisfactorily demonstrated that the identified population has a need for the proposed services;

(8) The utilization of existing health care facilities and health care services in the service area of the applicant; and

(9) Whether the applicant has satisfactorily demonstrated that the proposed project shall not result in an unnecessary duplication of existing or approved health care services or facilities.

(b) Notwithstanding the provisions of this section, any determination made by the office that approves a hospital's application to provide coronary angioplasty services in an emergency situation, shall also permit such hospital to perform coronary angioplasty under a nonemergency situation described in section 3 of this act.

[(b)**]** (c) The office, as it deems necessary, may revise or supplement the guidelines and principles through regulation prescribed in subsection (a) of this section.

Sec. 5. (NEW) (*Effective October 1, 2013*) The Commissioner of Public Health shall, annually (1) obtain a list of colon hydrotherapists in the state that are certified by the National Board for Colon Hydrotherapy and included in the board's registry, and (2) make such list available for public inspection.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*from passage*	New section

Sec. 2	*October 1, 2013*	20-54
Sec. 3	*October 1, 2013*	New section
Sec. 4	*October 1, 2013*	19a-639
Sec. 5	*October 1, 2013*	New section

Statement of Legislative Commissioners:

In section 3, the phrase "that permits such hospital" was changed to "permitting such hospital", for clarity, and the phrase "which performs" was changed to "that performs", for consistency with the drafting conventions of the general statutes; and in section 4(b), the phrase "in emergency circumstance" was changed to "in an emergency situation" and the phrase "under the nonemergency circumstances" was changed to "under a nonemergency situation", for internal consistency.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 14 $	FY 15 $
UConn Health Center	Other Funds - Potential Revenue Loss	See Below	See Below

Municipal Impact: None

Explanation

The bill makes several changes concerning the provision of medical services, including allowing hospitals who are already allowed to provide emergency coronary angioplasty services to perform such services electively. Four hospitals have proposed to provide these services electively – Greenwich, Norwalk, Lawrence & Memorial and the Hospital of Central Connecticut (HCC) in New Britain.

This change could negatively impact clinical revenues at the University of Connecticut Health Center (UCHC) if services move from the John Dempsey Hospital (JDH) to HCC. In the past four years, JDH provided elective coronary intervention to 381 residents from the New Britain area alone. It is not known how many of these services may shift away from JDH. Although state funds do not support the operations of JDH, the overall revenue of UCHC may be reduced should elective coronary services move to HCC.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sSB 1135

AN ACT CONCERNING NUCLEAR MEDICINE TECHNOLOGISTS, QUALIFICATIONS FOR PODIATRISTS, THE PROVISION OF ELECTIVE CORONARY ANGIOPLASTY SERVICES BY HOSPITALS, AND COLON HYDROTHERAPISTS.

SUMMARY:

This bill makes changes related to nuclear medicine technologists, podiatrists, hospitals, and colon hydrotherapists. It:

1. requires the Department of Public Health (DPH) commissioner, by January 1, 2014, to report to the Public Health Committee on the licensing of nuclear medicine technologists, who are not currently licensed by the state (§ 1);

2. allows certain licensed podiatrists who are board qualified, rather than board certified, in reconstructive rearfoot ankle surgery to independently perform standard and advanced ankle surgeries (§ 2);

3. allows hospitals that obtained a certificate of need (CON) to provide emergency coronary angioplasty services to also provide such services electively under certain conditions (§§ 3 & 4); and

4. requires the DPH commissioner to annually obtain and make publicly available a list of colon hydrotherapists in Connecticut who are certified by the National Board for Colon Hydrotherapy and included in the board's registry (§ 5);

EFFECTIVE DATE: October 1, 2013, except that the provision on nuclear medicine technologists takes effect upon passage.

§ 2 — PODIATRISTS

The bill allows board qualified, instead of board certified, licensed podiatrists to perform certain standard ankle surgery procedures. Current law allows DPH to issue a permit to a licensed podiatrist to independently perform standard ankle surgery procedures with one exception. If the podiatrist is board qualified in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery, he or she cannot perform tibial and fibular osteotomies unless certified by the American Board of Podiatric Medicine. The bill removes this exception, thus allowing board qualified podiatrists to perform tibial and fibular osteotomies.

The bill also allows DPH to issue a permit to a licensed podiatrist to independently perform advanced ankle surgeries if the podiatrist is board qualified, instead of board certified as under current law, in reconstructive rearfoot ankle surgery by the American Board of Podiatric Surgery.

The bill applies to licensed podiatrists who (1) graduated on or after June 1, 2006 from a three-year podiatric residency program accredited by the Council on Podiatric Medical Education at the time of graduation and (2) provided DPH documentation of acceptable training and experience in midfoot, rearfoot, and ankle procedures.

§§ 3 & 4 — CORONARY ANGIOPLASTY SERVICES

The bill allows a hospital that obtained a CON from DPH's Office of Health Care Access (OHCA) to provide emergency coronary angioplasty services to also perform elective coronary angioplasty services on a patient whose health care provider reasonably believes that the patient will require the elective procedure in the near future. The bill specifies that this allowance applies notwithstanding OHCA statutes, regulations, or orders.

The bill also requires OHCA, when approving a hospital's CON application to provide emergency coronary angioplasty services, to also allow the hospital to perform these services electively. It must do

this notwithstanding the factors existing law requires OHCA to consider when evaluating CON applications.

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 28 Nay 0 (04/05/2013)